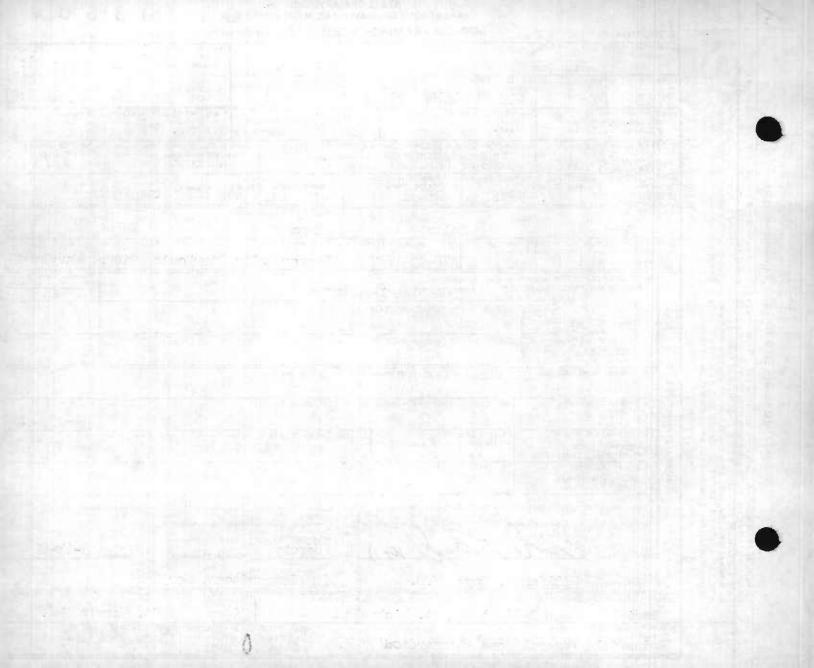
7	1.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 6 0 8
		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 2b. HOUR
y be		ADA	MATILDA	ARMSTRONG	March 25, 198	04:50 _M
or, pog	3 SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ure o		male	Black	July 29°,1894	B6YRS.	
rer deur Poge 4 may be be funeral director, page 3 within 72 houri after death led at ance	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Md (76 CITIZEN OF WHAT COUNTRY? $U \cdot S \cdot A \cdot$	MARRIED NEVER MARRIED WIDOWED DIVORCED	St. Mary's	OF DEATH MD
by the fulled with	Le	onardtown	St. Mary's H	lospital	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOME Maker	12b. KIND OF BUSINESS OR INDUSTRY
filled in ould be must be	130 3	Md. St. 1	other institution, give residence before ITY I'V CITY OR TOW LATY S A VENUE	E ADMISSION)	13. STREET ADDRESS Box 24	
omplete l ond 2	Ja	mes Henry Ada		Wary E	Emily	Butler
n ond Poges			MED FORCES? 166 SOCIAL SECU WAR OR DATES) 215-34-1	IRITY NO. 17 INFORMANT 1318A Grace Clar	ADDRESS Cke, Same	
the death certificate be the ottending physicion remove carbanpapers. E emotion, or removal. er traumotic event, the n		PART I. DEATH WAS CAUSE	ly one couse per line thr (a), (b); and D BY E CAUSE (a)	natory a	rest	BETWEEN ONSET AND DEATH
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been signermit Then prior to build only injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT O		DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	EN IN PART 1(a) , WERE FINDINGS USED YING CAUSES OF DEATH?
The land of the hospital hospi	RTIF				YES NO YES	S NO
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DING PHY or offer this e os the bu olth and M marked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN pital TOR for us of He		sow the deceased alive on	tal) attended the deceased from	, and that in (my) (our) opinion of	death accurred on the date and haur	19, that (I) (we) lost and from the couses stated
4 .2		276 SIGNATURE	Amt.		MEDICAL STAFF	3/2 V/9
retoined by the TO FUNERAL should be detroined with the Stote IMPORTANT:		William D. H	Boyd II, M.D.	27. ADDRESS Leonardto	wn, Maryland 20	0650
BP	230 E	BURIAL, CREMATION, REMOVAL SPECIFY). UP1a1		NAME OF CEMETERY OR CREMATORY acred Heart Cem	23d LOCATION CITY OF TOWN BUSHWOOD St	
DHMH-16 20M {VRA 15, 4} 7/78	24 FU	uneral director 1. Clarke Mat	tingley Leon		R 2 6 1981	PAR'S SIGNATURE

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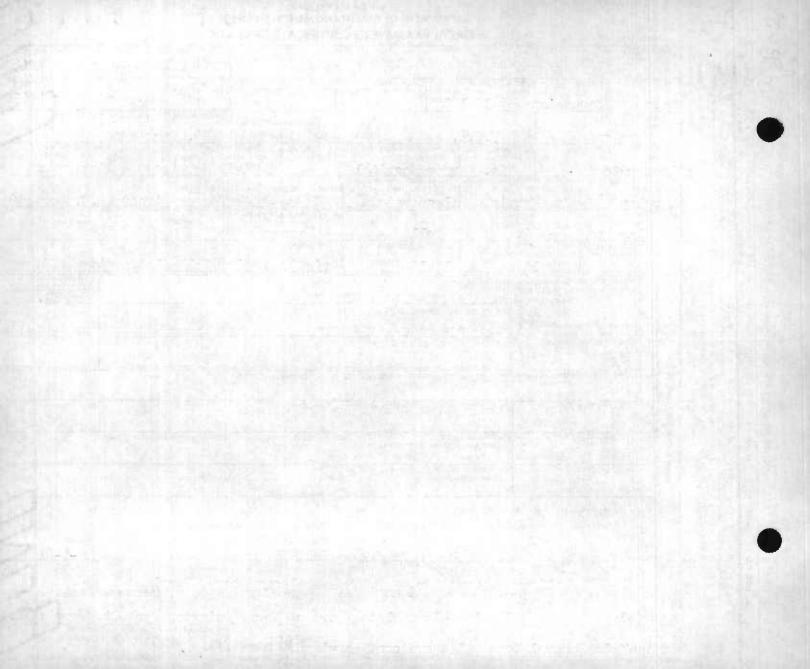
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5	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 8 0 0 7
	1.	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5. NO.
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOW	
was a view	(1)	MICHAEL	BALTA, SR. OF ESTI-	11.0
EAS JUES OUR PEEL	3 SE		DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MAR 11 1981 1:UA
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NECESSAR FUNERAL 5 FOR YO 5. WITHIN W. PRESTO			WIDOWED DIVORCED L	MARYS
SI EEE) 10. C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
DELAY IS NI TO THE FL V PAGE 5 86 FILED.	71	PATUXENT RIVER	NAVHOSP PATUXENT RIVER MD CARPENTER	OR INDUSTRY
- C & G & G & G & G & G & G & G & G & G &	USU 13a	AL RESIDENCE (IF IN NURSING HOME O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN 134. INSIDE (ITY LIMITS? 136. STREET ADDRESS	
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EATH ES 1, NND 2	9	John	Balta Anna	Kohut
TIMORE, MD AFTER DEATH VE PAGES 1. 1 FORM PM SES 1 AND 2. SHON OF VITA	16a.	WAS DECEASED EVER IN U.S. ARA	D FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDI	RESS
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 5. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH STITING THE WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. F. 3. SHOULD BE USED AS A BURRAL. IRRANSIT PERMIT. PAGES 1 AND 2. E. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PRIOR TO BURRAL, CREMATION, OR REMOVAL.	1	YES, NO, OR UNKNOWN) (IF YES, GIVE Y	578-03-1767 Eleanor Balta StarRout	e Ridge, Maryland
BALT DURS AI BB. GIVI WITH T. PAGI		18. CAUSE OF DEATH (Enter onl	ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST. ST.		PART I DEATH WAS CAUSED	BY: MYOUA POTAT. THEA POPTON	BETWEEN ONSET AND DEATH
ESTON ST. HIN 24 HO IN ITEM 1 R ALONG SIST PERMIT HYGIENE,		4100 IMMEDIAT	/ DUE TO, OR AS A CONSEQUENCE OF	
ER ZEIT		Canditians, if any, which		
DI W. PREST TED WITHIN V. KAMINER A MAL-TRANSIT MENTAL HY		gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE OF	
S, 301 W. PREST ECUTED WITHIN "" IN PENCIL IN BURAL: TRANSIR ND MENTAL HY		lying cause last.	DOE TO, OR AS A CONSEQUENCE OF	
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2 S		22a. I certify that I taok charge	of the remains described above, held an Autapsy , Inspection , Inquiry	and in my apinian
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SH SH ERA EAT	7		MEDICAL EXAMINER	SIGNED
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ВР		Burial	DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Ridge	St. Mary's Md.
DHMH - 17		UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b	EGISTRAR'S SIGNATURE
(VR A15 ME (5))	1	Brinsfield Funer	al Home Leonardtodh, Md. MAR 20 1981	intray Malroody
15M 7/77		TIME TOTAL WILL	INIMIAN NO 1001	

STATE OF MARYLAND



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Maryland St. Mary's Leonardtown YEST NO Jefferson Street P.O. Box 156 IA FATHER'S NAME MADDLE LAST IS MOTHER'S MAIDEN NAME MADDLE LAST IS MOTHER'S MAIDEN NAME MADDLE LAST IS MOTHER'S MAIDEN NAME MADDLE MASSEY Smith Ide. WAS DECEASED EVER IN U.S. ARMED FORCES? LOS CIAL SECURITY NO. IF WES, OR WAS DEDATES) LOS CIAL SECURITY NO. IF WES, OR WAS DEDATES LOS CIAL SECURITY NO. IS CAUSE OF DEATH (Inter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: CARDTAC ARHYTHMTA TIMMED. IDE TO, OR AS A CONSEQUENCE OF CONDITIONS, If only, which gove rise to immediate couse (a) stoling the under-lying couse lost. OD CORONARY HEART DISEASE LOCATION	d						N, GIVE RI	SIDENCE BEFORE ADMIS	SION)	1134. INSIDE CITY LI	MITS? 113e S	TREET ADDR	ESS				
18 FATHER'S MAME NODIE LAST SMOTHER'S MAIDEN NAME	э													treet	P.O.	. Box	156
Clarence B. Bell Massey Smith No. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes WILL 10. CONGINENCIAN (IF YES, DOTE UNKNOWN) (IF YES, D			THER'S NAME							15. MOTHER'S	MAIDEN NAM	ΛE	A IDDAE		1.	A C Y	
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR NUKNOWN) YeS WW 11 219-12-3852 Orie P, Beasley Bell Leonardtown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH TIMED. CARDIAC ARHYTHMTA TIMED. CONDITION FOR WHICH OPERATION WAS PERFORMED? 17 INFORMANT ADDRESS Orie P, Beasley Bell Leonardtown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH TIMED. CORONARY HEART DISEASE DUE TO, OR AS A CONSEQUENCE OF COUGH OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IM PART 1 (a). 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR P.M. 19 210. EXTERNAL CAUSE WAS 110. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 211. FLACE OF INJURY (AT HOME.) STREET CITY OR TOWN COUNTY STATE	1			CA							sev		NIDDLE	Sm-		to I	
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AT WORK AT WORK		ME	WHILE AT WORK	NOT W	HILE [STREET	, FACTORY	, FARM, ETC.		STREET		CITY OR TO	NWN	CC	YTAUC		STATE
			22a I certif	y that I to	ook chorge	of the remains	describ	ed obove, held on	Auto	psy , In	spection X	Inquiry	X	ond in my o	pinion		
27a Certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry X, and in my opinion			deoth resulte	ed from:	Notural	couses X	Ac	cident .	of ide	, Homicide	Und	letermined m	onner [
12a Certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry					1	0		1	/	TITLE (SPEC	(IFY)						
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deoth resulted from: Notural causes X, Accident , Julide , Hamicide , Undetermined manner ,	y	-	EXAMINER'S	NAME	Willi	am D.	Boy	I. Sr. M.	D.	ADDRESS I	eonard	town.	Mary	land			
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) EST1 MCCLIN BUTLER 3/ George DEATH MATED SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR VEAD LAST BIRTHDAY) PRONOUNCED 033 26 54 Male Black 06 04 March DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WINEVER MARRIED FOREIGN COUNTRY U.S.A. St. Mary's Co. WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Hospital NAS PAXRIV Civil Service US NAVY Patuxent River Naval USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 130 STREET ADDRESS Lexington Park, Md. 3a STATE 13c. CITY OR TOWN 489 P.O. Box 340 Mary's Park Hall YES NO IX Rt. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Butler Nettie Fenwick William 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Box 340 (YES, NO. OR UNKNOWN) 213-22-1514 Rosa C. Butler No Lexington Park. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AND NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) < CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? FORWARDED TO THE STORE PAGE 3 SHOULD BE USE 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 Inspection X 220. I certify that I taak charge of the remains described above, held on Autopsy and in my apinian Hamicide Undetermined manner death resulted fram: Accident Suicide EXAMINER'S NAME BOY ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY SPECIFY! 3/4/81 Zion Methodist Cem. Lexington Park, St. Mary's Burial BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** Leonardtown. Md. W. Clarke Mattinglev (VR A15 ME (5))

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STATE OF MARYLAND

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FOR - STATE

REGISTRAR

ST. MARY'S 12ª USUAL OCCUPATION 175 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY West Sunrise Dr. Knowlton Same as 13e. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Burial 3/6/81 Florida Mem. Gardens Melbourne Breward 250 DATE RECED BY REGISTRAR THE MECHANIAR SIGNATURE 24 FUNERAL DIRECTOR Clarke Mattingley Leonardtown.Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

HOURS

IF UNDER I YEAR

DAYS

12:00PM

IF UNDER 24 HRS

DHMH-16 20M (VRA 15, 4) 7/78

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STATE OF MARYLAND

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1.	FOR STATE REGISTRAR			EALTH AND MENTAL H	IYGIENE REG. N	o.	, 0	1 0
I DE	CEASED NAME FIRST	MIDOLE	ı	AST	26. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
100	IDA	ESTELL	B EIN	ISTMAN	March 5,	1981		12:07Am
3 SE	X	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT	HOAY) IF L	NOER 1 YEAR	IF UNDER 24 HRS
1	Female	Caucasian	Janua		82	MON	THS QAYS	HOURS MIN
	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 1	_	_ 9 BALTIMORE CITY O	R COUNTY OF	DEATH	J
0	New York	U.S.A.		D NEVER MARRIED	C4 Mas	v's		
10. C	ITY OR TOWN OF DEATH		WIDOWE	DIVORCED OR OTHER INSTITUTION	12a USUAL OCCUPATI		12h KIND O	MD. OF BUSINESS OR
1	eonardtown	St. Mary!	, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF HOMEMAL	F WORKING LIFE)	INDUSTRY	, 003#1E33 OK
13e :	ALRESIDENCE (# NURSING HOME OSTATE 136 COU Maryland St.	NTY 13c CIT		134 INSIDE CITY LIMITS	? 130 STREET ADDRESS Rt. # 1,	Box 401	L	
14. F/	ATHER'S NAME George	E. Phil	lips	15 MOTHER'S MAIDEN FIRST Tda	M. MIDDLE	Egr	lor LAS	57
	NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN] IF YES, GIV	E WAR OR GATES)	cial security no. -12-7219	17 INFORMANT Elizabeth C	. Bygler Mech	# 1, Bo nanicsvi	x 401	Md. 20659
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	- n nv	whe or	II, Con	p H. Rr		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A C	CONSEQUENCE OF	Vent fi	beillaton	_		
	couse (a), stating the underlying couse last	DUE TO, OR AS A C						
NO	PART 2 OTHER SIGNIFICANT	conditions <u>contribu</u>	<u>JTING TO DEATH</u> BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	DITION GIVEN	IN PART 16	01
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	IG CAUSES	
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO		71c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJU (AT HOME, STREET, FACTO	RY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
	220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no				, to, to			that (I) (we) last couses stated
	276. SIGNATURE	ghah M		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF IAN 🗆	22c. DATE	SIGNED
	226. PHYSICIAN'S NAME (TYPE O		IN-	22. ADDRESS Leonardton	wn.Marvland	20650		
23a I	BURIAL CREMATION REMOVAL		23c NAME OF C	EMETERY OR CREMATOR	234 LOCATION		UNITY	STATE
(Burial	3-9-81	Evergre	een	Brooklyn	CO	New Y	
24. F	UNERAL DIRECTOR		Mess Washing	0.0	MATERECO BY REGISTRAR	256 REGISTRA		
D	NAME.	- 7 II Too	ADDRESS M.CIDILITIES	Memriland	ו טפו די ווכלוו	/		

59 Ness Washington St. Leonardtown, Maryland

DHMH-16 20M (VRA 15, 4) 7/78

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

marked or Item 18 shows any

IMPORTANT: If He

Prinsfield Funeral Home

certificate has been

TO FUNERAL DIRECTOR

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		REGISTRAR CEASED NAM E OR PRINT)		anne	MIDDLE Gertrade	Du Frane	20. DATE OF	KNOWN ESTI-	MONTH	DAY YEAR 21
SARY, PLEASE AL DIRECTOR. HILES DOUR STREET	3. SEX	nale	4 RACE White	5 DATE OF BIRTH MONTH DAY 3 -10 -	6. AGE (IN YEARS IF		ER 24 HRS. 2c. DAT MIN. PRONOU DEA	E INCED	MONTH 3	DAY YEAR 2 31 19 81
89		RTHPLACE (S REIGN COUNTRY)		76. CITIZEN OF WI	HAT COUNTRY?	ARRIED NEVER MA	RRIED	MORECITY C	_	Y OF DEATH
1. IF ANY DELAY IS NE 2. AND 3 TO THE FUI 3. RETAIN PAGE 2. SHOULD BE FILED (AL PECORDS, 201 W		TY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME, OR	OTHER INSTITUTION	126 USUAL OCCU	JPATION (TYP	PE OF WORK	Own Home
H. IF ANY DE 1, 2, AND 3 T A 3. RETAIN 0.2 SHOULD B ITAL RECORD	130. S	TATE	13b. COUN	or other institution, gi NTY Mary s	re residence before admission) 13c. CITY OR TOWN Great Mills	13d. INSIDE CITY LIMITS	13e. STREET ADDR		load	
DEATH. IF NGES 1, 2, RM PM 3. I AND 2 SI OPWIAL	14. F/	Unknov		WIDOFE	Cassell	15 MOTHER'S MA Louise		MIDDLE	Bra	ndt LAST
S AFTER DEA GIVE PAGES TITH FORM P PAGES 1 ANI	(Y	VAS DECEASE ES, NO, OR UNKNO NO	DEVER IN U.S. AF	E WAR OR DATES]	166. SOCIAL SECURITY NO. 040-22-2405	17. INFORMANT Francis	(husband) Du Frane		601	Elwood R. Port, N.
ZUI W. PRESION UTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALON RIAL - TRANSIT PER D MENTAL HYGIEN ON, OR REMOVAL		gave ri	ons, if ony, which ise to immediate) stating the <u>under</u> use last.	e / (b)	AS A CONSEQUENCE OF	Great West		11/2		
E EXECUT DING" IN DICAL EN A BURIA TH AND	z	PART 2 OTNER S	IGNIFICANT CONDITION	CONTRIBUTING TO OFATN	BUT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN	PART 1 to			
HALKECORDS, AND THE MEDICAL EXPENDING" IN THE MEDICAL EXPLISE AS A BURK OF HEALTH AND TO PHEALTH	IFICATION		IGNIFICANT CONDITION		BUT NOT RELATED TO THE TERMINAL DI		PART 1 to			20 AUTOPSY?
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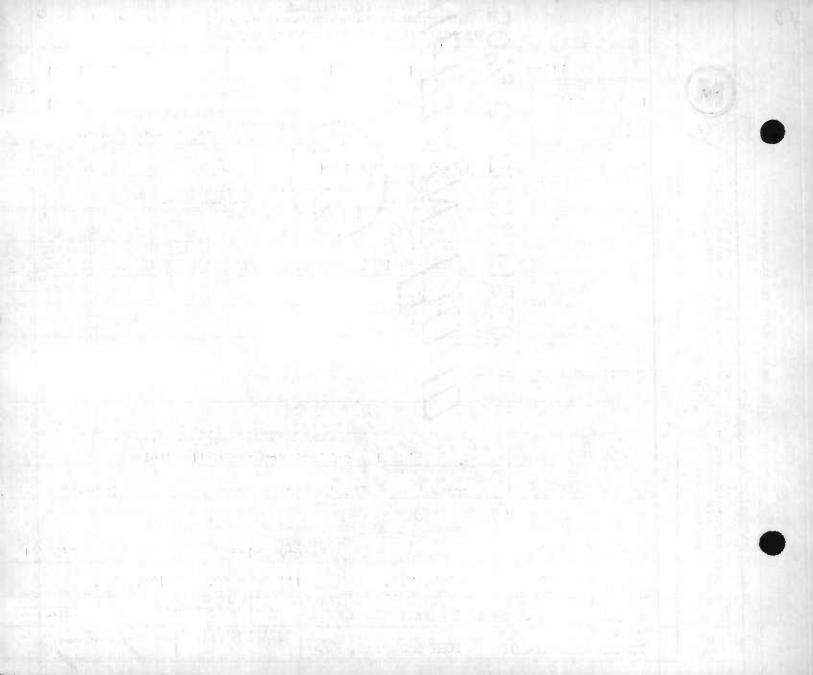
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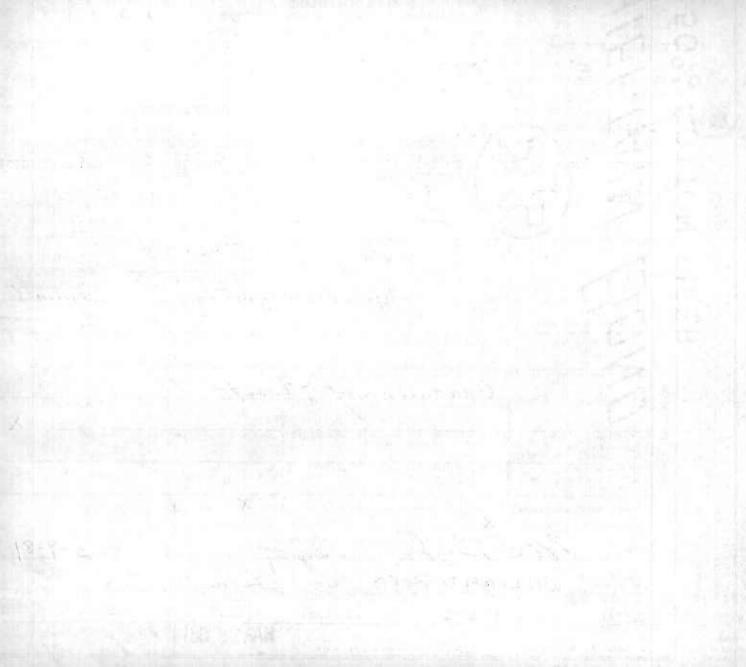
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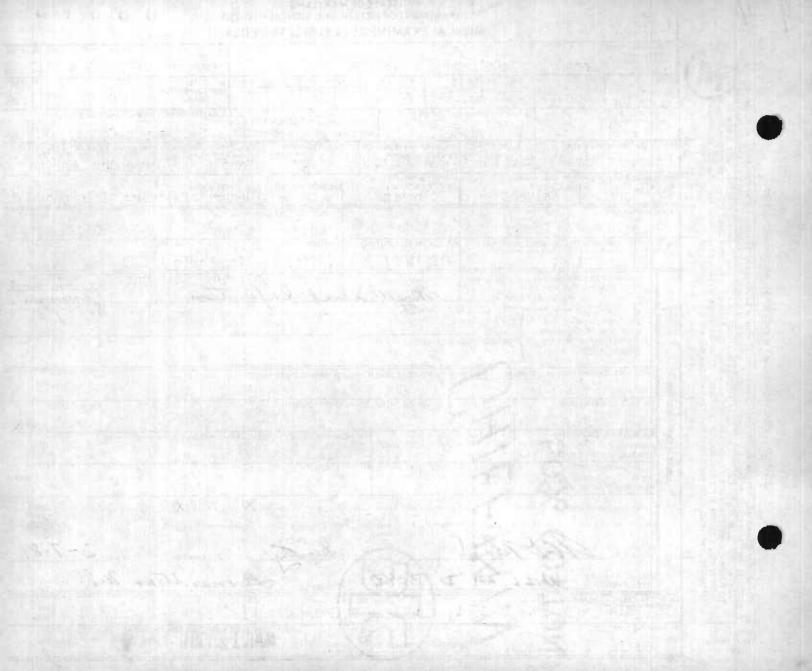
40	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 TO STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										6
		CEASED NAME			MIDDLE		LAST	100	OF ESTI-	MONTH DAY	YEAR 26 HOUR
S S S M S E	2 653		Wilia		Donald	- 1 15 II	Gideon		EATH MATED	3 21 19	
3.3	3. SEX	ale	White	S. DATE OF BIRTH	1940 40	DAY) MON		MIN: PRO	DATE NOUNCED DEAD		9 81 1:45 9 81 P M
V. PRES	FC	OKLAHOM	A	76 CITIZEN OF W	HAT COUNTRY?	MARE WIDO	HED NEVER MARRI	ED L	t. Mary's	-	
PY DELAY IS NECESSARY, 20 31 OF THE FUNEW DIS AIN PAGE 5 FOR MITH ORDS, 201 W. PRES	P	atuxent	/	Naval Ai		Hospi		12a. USUAL C	OCCUPATION (TYPE OF WORKING LIFE) BER	OF WORK 12b. KIND	O OF BUSINESS NOUSTRY
21201 AND 3 RETAIN HOULD RECORE	13a. S	AL RESIDENCE (IF IN NURSING HOME C	DR OTHER INSTITUTION, GI	BR ISLAN)	13d: INSIDE CITY LIMITS? YES NO	OYSTE	ADDRESS R HOUSE F	ROAD	
TON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELY ITEM 18. GIVE PAGES 1, 2, AND 3 TO LONG WITH FORM PM 3. RETAIN P PERMIT, PAGES 1 AND 2 SHOULD BE GIENE, DIVISION OF WITAL	1	THER'S NAME		LLTAM	GIDEON		15. MOTHER'S MAIDE PAULIN		MIDDLE	FREE	
NST., BALTIMORE, M. HOURS AFTER DEATH, MA 18. GIVE PAGES 1. KG, WITH FORM PM. RMIT, PAGES 1 AND 2 INE, DIVISION OF WITH.	16a. V	VAS DECEASED ES, NO. OR UNKNOV YES	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	226-54-18		DONNA J GI		OYSTER HO BROOMES	USE ROAD ISLAND,	MD. 20615
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F VITAL RECO TE SHOULD BE WORD "PEND) TE CHIEF MED THE CHIEF MED THE CHIEF MED THE MED	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPE		TOPSY?				
S CERTIFICATE SI S CERTIFICATE SI S STRING THE WO RDED TO THE E DEPARMENT OI PRIOR TO BU			OR IG CAUSE OF I	DEATH P.M	A. MONTH DAY YEA A. 3 21 198	R S	ow injury occurred ubject drow			ART 1 OR PART 2)	3 K NO []
DIVISI THIS CERI WARDED WARDED PAGE 3 SI TATE DEP	MEDICAL	WHILE AT WORK	_	X	OF INJURY (AT HOME, TORY, FARM, ETC.)		Leonard's		ORTOWN	county Calver	+ MD.
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD B EXECUTE THE CERTIFICATE, WRITING THE WORD "FEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ME TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS RATER DEATH, WITH THE STATE DEPARTMENT OF HEAL BALTIMORE, MARYTAND, 21201 PRIOR TO BURIAL, CR		22a certification death resolute ACTUAL SIGNATURE EXAMINER'S N	d fram: Natur	ral causes	Anath	_Autor	Hamicide TITLE (SPECIFY) Deputy Ch	Undetermin	EXAMINER	SIGNED	/22/81
	23o. B	(TYPE OR PRIN	ION REMOVAL Z		23c. NAME OF CI		ADDRESS	PALI	Balto. ION ISCHURCH		RGINIA
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECT		ADDRESS			25abDATES		ISTRAR 255 REGIS		



5	FOR STATE			STA DEPARTMENT OF		ARYLAND AND MENTA	L HYGIENE	0 8	61.	/
7	REGISTR		ME	DICAL EXAMI	NER'S C	ERTIFICATI	E OF DEATH	REG. NO.		
	1. DECEASED (TYPE OR PRINT			WIDDLE		AST	OF	KNOWN X MONTH		2 156
PLEASE EECTOR R FILES. HOURS STREET,	2 654	Wesley			GRIFFI			MATED MAK	-17 -1	рм
PER	Male	Cauc	July 6,	1919 6 AGE (IN)	PEARS IF UNE		DER 24 HRS. 2c. DATE S MIN: PRONOUN DEAD	NCED MADOU	8 ₁₉ 81	2:56°
1	70. BIRTHPLAN	NIRY)	76. CITIZEN OF W		8 MARRIE WIDOWE	D NEVER M	ARRIED .	Mary's Co		MD
PAGES SEFILED		nt River	11. NAME OF HOS	SPITAL, NURSING HOA ACHITY, GIVE STREET ADDRESS OSPITAL, Pa	tuxent	River,	Md. For Most of wor	PATION (TYPE OF WORK RKING LIFE)	Juice P	SINESS
21201 - ANY DELAY AND 3 TO TH RETAIN PAC HOULD BE FILL PECORDS, 20	USUAL RESID TO STATE Mary la		me or other institution, G DUNTY alvert	13c. CITY OR TOWN LUSby	SION)			Rousby Ha	11 Road	
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BALTIMORE, S. AFTER DEA! GIVE PAGES TITH FORM P! PAGES I ANI	160 WAS DEC	EASED EVER IN U.S.	ARMED FORCES?	263-16-61	17 NO. 137/	(Brother	r) William I	Eugene GRI Rousby Ha	FFIN 11 Road	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 10 SHOULD BE FILED PAGE 3 SHOULD BE USED AS A BUSINAL-TRANSITY PERMIT. PAGES 1 AND 2 SHOULD BE FILED PAGES 1, WITH THE STATE DEPARTMENT OF HEALTH AND MAINTAL HYGIENE, DIVISION OF WIAL RECORDS, 201 BATTENDER, WARYLAND, 21201 PRIOR TO BURRIAL, CREMATION, OR REMOVAL.	Co go ca lyin	nditions, if any, where rise to immediate (a) stating the unageouse last.	DIATE CAUSE (o)	R AS A CONSEQUENCE	OF	OR CONDITION GIVEN	IN PART LIGH.		BEPWEEN ONSE	nel
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CERTIFICATE STATEMENT STAT	UNDER CONTR	ERNAL CAUSE WAS LYING OR IBUTING CAUSE (DF DEATH P.A	A. MONTH DAY YEA	AR		JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR P	ART 2)	
DIVIS THIS CER! WARDED PAGE 3 SI TATE DEP	WHILE AT WO	RK AT WORK	21e PLACE STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f LOC	REET	CITY OR TO	wn co	YTHUC	STATE
MEDICAL EXAMINER: 1 CUTE THE CERTIFICATE, SE 4 SHOULD BE FORW FRUNERAL DIRECTOR; FRUNERAL WITH THE SI	ACTUA SIGNA EXAMI	resulted fram: N	orge of the remains de otural causes X,		Autops;	Hamicide Tille (SPECIF)	MEDICAL EXAM	anner .	1 3 - 9	-81
PAGE PAGE AFTE		R PRINT)		23c, NAME OF C		DDRESS	123d LOCATION	thon m	<i>y</i>	
BP	(SPECIFY)			81 MT ENO				ITY HILLS	BÖROUGH 5	FLORID
DHMH-17 (VR A15 ME (5))	24. FUNERAL				LIC, N	1D. 25a. D	MAR 7 P PEGGE	R 256. REGISTRAR'S	SIGNATURE	



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) DE	REGISTRAR CEASED NAM	E FIRST	ME	DICAL EXAMIN	AEK.2	LAST		REG. NO.		
			PE OR PRINT)		M-0-11		OVED	1431	OF E	STI- MONTH	DAY YEAR	26. НФЦ
	PLEASE	3. SE		Kennedy	McColla Is. Date OF BIRTH	ough GR	OVER	IDER I VR. DISTINGS	DEATH M.	ATED MAR	7 19 81	1:38
	CESSARY, PULLERAL DIRECTOR YOUR PRESTORY		Male	Cauc	APR 12	1004 7/			R 24 HRS. 2c. DATE PRONOUNCE DEAD		7 19 81	1:38
	NECESSARY, FUNERAL DIR 5 FOR YOUR WITHIN T	ME B	IRTHPLACE (S	TATE OR	76. CITIZEN OF WI	HAT COUNTRY?	8. MARR	IEDXX NEVER MAR	RIED 9. BALTIMOR	ECITY OR COUNT	Y OF DEATH	
	40		Maryla		U.S.		WIDOW	VED DIVOR		Mary's Co	ounty	MD.
			ITY OR TOWN		IT. NAME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a. USUAL OCCUPAT	ON (TYPE OF WORK	OR INDUSTR	INESS
	DELAY IS 3 TO THE N PAGE DS, 301		atuxent	,		spital, Pat		River	Marina Mgr	/Carpent	er Marii	na
21201	- ' Z C C C	13a S	aryland	NA. COUN	or other institution, gi ity l vert	136. CITY OR TOWN	ION)	13d INSIDE CITY LIMITS?	General De	elivery. S	olomons	. Md.
MD. 2	1, 2, 1, 2, 2, 2, 2, 5	14. F	ATHER'S NAME		MIDDLE	LAST		TS. MOTHER'S MAIL				
			James	Ro	bert	GRÖVER		Lucy	Irene	•	COSTER	
MON	PAG ORA ON O	16a. \	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	T66. SOCIAL SECURIT		17. INFORMANT		ADDRÉSS		
BALTIMORE,	URS AFTE B. GIVE P. WITH FO PAGES DIVISION		NO	(, , , , , , , , , , , , , , , , , , ,		212-18-91	75	(Wife) P	auline Marie	GROVER		
	HOURS 18 G 16 WIT MIT. PA		18 CAUSE O	F DEATH (Enter on	ly one couse per line	for (o), (b), ond (c).)		General	Delivery, Sc	Tomons, N	APPROXIMATE	INTERVAL
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		CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	RATIONW	'AS PERFORMED?			20. AUTOPSY?	
AT/	SHORE CHIE	Ē			10/10/19						YES 🗆	NO X
OF.	ATE WENTHE ID B BUR BUR	CER	210 EXTERNA	L CAUSE WAS	216. TIME OF HOUR A.M	INJURY MONTH DAY YEA	21c. HC	OW INJURY OCCUR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PAR	T 2)	
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DIVISION OF VITAL	S CERTIFICATE SI RITING THE WOR RDED TO THE C E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURRA	MEDICAL	21d. INJURY C		21e. PLACE C	OF INJURY (AT HOME,		CATION	CITY OR TOWN	cou	NITY	STATE
۵	R: THIS CER DRWARDED DRWARDED :: PAGE 3 S STATE DEP 21201 PRIC	1	AT WORK	NOT WHILE C					CITOKIONI	COU	1011	STATE
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	AND		death result		ral couses X		ricide	Homicide .	Undetermined monne			
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	AL PLOUTH, TH, TH,		SIGNATURE.	MX	1/ Says	ν	M	Deputy	MEDICAL EXAMINE	DATE SIGNED	3-7-	81
	DEA SI		EXAMINER'S	NIAME 1.1		~ P.11		001			. 0	
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAD DIRECTOR: 9 AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21		(TYPE OR PRI	NT)	ILLIAM	D BOY	0	ADDRESS	Geonard	um u	دما	
	PA P	23a B	URIAL, CREMA	TION, REMOVAL	36. DATE MAR 10 198	23c. NAME OF CE			23d. LOCATION CITY OF TOWN LUSBY	~ Łónû	IV SIA	ĮĘ
	BP		UNERAL DIREC		IAI 10 190	T MINDTEH	AM CH	IAPEL CEM		CÁĽ		υ.
	DHMH - 17 (VR A15 ME (5))	24. 1	NAME		ADDRESS			25a. DAU	MAR 12 1981	256. REGISTRANS SI	SNATURE	
	15M 7/77		DONALD	V. BORGI	MARD'I']	PORT REPUBL	IC, N	MD.	711 77 1003	-/		



Leonardtown, Md.

W. Clarke Mattingley

(VR A 15 (4))

STATE OF MARYLAND

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FOR - STATE

St. Marv's 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Pipe Fitter Civil Service 1 Susan Lane Apt. # D LAST Cavey Susan Lane Apt. # D Lexington Park, Maryalnd BETWEEN ONSET SHEET AL DISEASE OR CONDITION GIVEN IN PART TIG 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS, PART I OR PART 3) COUNTY STATE and that in (my just) opinion death occurred on the date and hour and from the course stated 22: DATE SIGNED DIRECTOR PHYSICIAN Lexington Park St. Mary's Md. ISA PA PREC'D BY REGISTRAR 256 REGISTRAD SSIGNATURE N.~Weshington Leonardtown, DHMH-16 20M Brinsfield Funeral Homé (VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAY

IF UNDER 1 YEAR

MONTHS DAYS

2h HOUR

10:00R

IF UNDER 24 HRS

HOURS MIN.

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1	1.	FOR STATE				MENT OF	HEALTH	ARYLAND AND MENTAL			0	8	6	2 2	2
d y		REGISTRAR CEASED NAME	FIRST	MI	MIDOLE	EXAMIN	ER'S C	ERTIFICATE	OF DEA		REG. N				
3 6 8 8 F		PE OR PRINT)	IDA		MAE		I	EPPERT		20. DATE K OF DEATH	ESTI-	MAR	6	81 81	0 61 C
RY, PLEA DIRECTO	3. SE	FEMALE	CAUC	S. DATE OF BIRTH	1 924	6. AGE (INYE. LAST BIRTHO! 57 YE	AY) MONIT		ER 24 HRS.	2c. DATE PRONOUNC DEAD		MAR	6 A	81	24 HOUR 061 C
FOR ALL	FC	IRTHPLACE (STA DREIGH COUNTRY)		76. CITIZEN OF V		TRY?		ED X NEVER MAI		9. BALTIMO	MA RY	_			MD.
DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITH RDS, 201 W PRE! O. ITREET,	10 C	ATUXENT	OF DEATH		SPITAL, NU	RSING HOME	, OR OTH	ER INSTITUTION	12a USU FOR HC	UAL OCCUPA MOST OF WORKE OUSEWIE	TION (TYPE)	PE OF WORK		D OF BUS	SINESS
AND	USU. 13a S M	AL RESIDENCE (TATE ARYLAND	113h COUN	OR OTHER INSTITUTION,	GIVE RESIDENCE		ON)	13d. INSIDE CITY LIMITS	13e STR	EET ADDRES	ŠD, R	T. #2	49.	вох	6
DEATH. IF GES 1, 2, M PM 3, AND 2 SF	14. F.	ATHER'S NAME FIRST ROBERT		MIDDLE		LAST NSBURY		15. MOTHER'S MA	IDEN NAME		DLE			AST	
BALTIMORE, SS AFTER DEA GIVE PAGES TITH FORM PI VISION OFF	D		EVER IN U.S. AR/		160.22	8-168-84 XXXXXX		SANDRA			ADDRESS				e)
PRESTON ST., B ITHIN 24 HOURS CIL IN ITEM 18. C REA ALONG WI ANSI PERMIT. F REMOVAL.		PARTIDEA 4/	TH WAS CAUSE	TE CAUSE (o)	MYOCA	RDIAL		RCTION	Ш		71.014		BETWE	ROXIMATE I EEN ONSET HOUR	AND DEATH
55, 201 W. PR ECUTED WITH 52" IN PENCIL 181 EXAMINER 1814 - TRAIN INDIA MENTAL VION, OR RE	-	gave rise couse (a) s lying cous	to immediate toting the under-	(c)		SEQUENCE (
RECORDS LD BE EXEC PENDING" MEDICAL ACDICAL IEALTH AN CREMATI	NOIL							DR CONDITION GIVEN IN	PART 1 (a).						
VITAL IS SHOULD	CERTIFICATION	19a. DATE OF C		19b. COND	ITION FOR	WHICH OPER	ATION W	AS PERFORMED?						JTOPSY?	ХХои
BIVISION OF Y SCRTHCATE RITING THE W RDED TO THE E 3 SHOULD B TO PRIOR TO B		210 EXTERNAL UNDERLYING CONTRIBUTION	-		M. MONTH	DAY YEAR		OW INJURY OCCUR	RED LENTER	NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PAI	RT 2)		
DIVISI HIS CERI WRITING //ARDED AGE 3 SF ATE DEP/	MEDICAL	ZIE INJURY OF WHILE AT WORK	NOT WHILE C	STREET FA	OF INJURY CTORY, FARM, E			CATION		CITY OR TOW	1	COL	UNTY		STATE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, A TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING", IN PENCIL, IN 11EA 18, GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FUNDERAL DIRECTOR: PAGES 3 SHOULD BE USED SA BURBAL, "IRANITY PROFES," AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HAALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIOR TO BURBAL, CREMATION, OR REMOVAL.		27a Certify deoth resulted ACTUAL SIGNATURE		e af the remains de pl couses .	Accident		Autop	Hamicide TITLE (SPECIFY)		Inquiry Ermined man	ner .	nd in my op DATE SIGNE	2	-6-8	1
O MEDIC (ECUTE T NGE 4 SI S FUNER TTER DEA	regal)			AM D. BOY						OWN, MA	RYLA	ND			
Bb———	B1	irial uneral direct	OR	3/10/81	Ar	lingt	on l	R CREMATORY Natl.Cem	Ar.	CATION ORTOWN lingto REGISTRAR	on A	rlin		sta N V	Ta.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	W.	Člark	e Matt	ingleŷ	Leon	ardto	wn, N	id. MA	R10	registrar 1981	J. B. A	Jan 1	1000	Long	

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STATE OF MARYLAND

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		FOR			DEPART			AND MEN	NTAL HYGI	BIE		0 8	5 2	4
		STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFICA	ATE OF DE	EATH	REG.	NO.		
-		CEASED NAME	FIRST		WIDDLE			LAST		0.0	KNOWN		11	20.11001
Α	(11)	COR PRINT)	DORIS	MA	Y	MI	SSI	NA		OF DEATH	ESTI-	MAR	CH 13	81045
/	3 SEX		I. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEA			UNDER 24 HR	S 2c DAT	E	HTMOM	DAY YEA	1154
	FEI	MALE	WHITE	MAY 1,1	924	56 YR		DATS	MIN.	DEA	D MA	2000	13 198	10450
1		RTHPLACE (51/	IE OR	76. CITIZEN OF W	HAT COUN	ITRY?	8 MARRI	ED NEVE	R MARRIED			_	TY OF DEATH	
4		EW YOR		U.S.A			WIDOW		DIVORCED [RY'S		M
		TY OR TOWN C		II. NAME OF HO	ACILITY GIVES	TREET ADDRESS)			FC	OR MOST OF WO	ORKING LIFE)	TYPE OF WORK	12b. KIND OF OR INDU	STRY
2		CONARD				HOSP			H	OUSEV	VIFE		HOME	
1	13 M		13b, COUN	MARY S		IFORN.		13d. INSIDE CITY YES [LIMITS? 13e S	R 2,	BOX	216		
0	14 F/	THER'S NAME		MIDDLE		LAST		SRIB	S MAIDEN NA	ME	MIDDLE		LISAL	
		OSEPH			BROW	N		ADA					NSTÖN	
	160. V	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		IAL SECURITY		17. INFORMA			ADDRI		105	
		//0				-18-0	35	MAUR	O MESS	LNA	SAI	ME AS	13E.	
		18 CAUSE OF	DEATH (Enter of	nly ane couse per line	e for (o), (b), and (c).)			. 0	_ 1			APPROXIM BETWEEN ON	ATE INTERVAL
1		1 1 - a		TE CAUSE (o)		Car	ey	anna	4	Polo	m		11	10m
		100	7		R AS A CON	SEQUENCE C	F		0				1	
65301			s, if ony, which						0				7773	
-1			stating the under		AS A CON	SEQUENCE C	F							
		lying caus	e last.											
	1	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATEO TO THE TERMI	NAL DISEASE	OR CONDITION G	SIVEN IN PART 1 (a)					
	N	DATE:												
7	ATI	19a. DATE OF	OPERATION	19b. COND	TION FOR	WHICH OPER	ATION W	AS PERFORM	ED?		- 10.00	5	20 AUTOPS	SY?
4	F			1									YES [NO X
5	CERTIFICATION	210 EXTERNAL		21b. TIME O			21c HC	OW INJURY O	CCURRED (ENT	TER NATURE OF I	NJURY IN ITEM	A 18 PART 1 OR P.		
5	ALC	UNDERLYING	OR G CAUSE OF	DEATH P.A	A. MONTH	DAY YEAR								
	MEDICAL	21d. INJURY O		21e PLACE	OF INJURY			CATION						
	¥	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, E	TC.}	5	TREET		CITY OR TO	NWO	CC	OUNTY	STATE
		AT WORK	AT WORK						(E)		ГВ			
		22a I certify	y that I took char	ge of the remains de	scribed obc	ve, held an	Autop	sy 🔲.	Inspection 🗶	, Inquiry	/ LAS	ond in my o	pinion	
		death resulte	d from: Natu	orol causes 🔼 .	Accident	L, Sui	cide 🔲	, Homicid	le Und	determined n	nonner			
		72077	- /	21/	9	20		TINGESPE	CIFY					1
		ACTUAL SIGNATURE_	//	unx	16	2mx	M	o Nep	aly M	EDICAL EXA	MINER	DATE	ED 3-13	3-8/
-	-					/		0	1	0				
7º	-	EXAMINER'S N (TYPE OR PRIN	MW WM	D. BOY	D,M.I).		ADDRESS	100	cona	colla	un Ti	18	
	23a.B	URIAL CREMAT	ION, REMOVAL	23b. DATE	236	NAME OF CEA			23d.	LOCATION		501	UNTY	67A75
	Bu	rial		3/16/81	In	macula	te He	eart of	Mary	Lexing	ton F	ark,	St.Mary	's Md.
		UNERAL DIRECT	OR						a. DATE REC'D.			1	SIGNATURE	
	W.	Charke	Matting	rlev Leon	ardto	wn, Md			MAD 1	7 198	31	Mayor,	A PROPERTY.	dy
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U. J. U. E.18/29 TABLE TO THE THE THE THE THE THE THE 44 704 . . . District of the Company of the Compa A COMPANY OF THE PROPERTY OF T

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		ECEASED NAME	FIRST	CLOTH		i i	AST	20. DATE OF DEAT	H MONTH	DAY YEAR	2h HOUR	
y be		,	MARIE	CLE	XXXXX	MO	RGAN	March	5. 198	1	7:30 PM	
û d	3 S	EX		RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
9 % %	1	Female		White		May 9, 1907		73	YRS	YRS		
2 ho	7 70.	BIRTHPLACE (STATE	OR FOREIGN	TO CITIZEN OF WH		MARRIED TO NEVER MARRIED		9 BALTIMORE CI		Y OF DEATH	OF DEATH	
ter deom within 72 within 72		shingto		U.S.A		WIDOWE					MD.	
by the	Leonardtown			1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IS NOT IN SUCH FACILITY, OPE STREET ADDRESS) St. Mary s Hospital				126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSE WIFE HOME				
y filled in should be	130	JAL RESIDENCE (# STATE 1d .	NURSING HOME OR 13h, COUN St. N	Ther institution, GN	COLLA	n 134 INSIDE CITY LIMITS?		130. STREET ADDR	Box 2	69 Cal	Md. ifornia,	
with olete	15. MOTHER'S MAIDEN NAME									Hoffm	an	
Poges 1 or	160	WAS DECEASED E	VER IN U.S. ARA	NED FORCES? 16	SOCIAL SECU	RITY NO	17 INFORMANT	A	DDRESS			
e ca E		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (187 YES, GIVE WAR OR DAT										
th certificate banding physicial corbon papers, or removal otic event, the		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF										
that the death certificate d by the attending physici lease remove carbon paper ial, cremation, or removal or other traumatic event, the		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF										
equires in signe Then p r to bur injury, o	NOI	PART 2 OTHER	SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR				
The low ricion. The hos bee sist permit giene prio shows ony	CERTIFICATION	190 DATE OF OP	ERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTI	S, WERE FINDII FYING CAUSES ES	NGS USED OF DEATH?	
SICIAN The paysicion of physicion certificate herrol-tronsit pental Hygier frem 18 show	/ -	21a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEAT	HOUR A.M.	MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18, I	PART 1 OR PART 2)		
G PHYS ottendin ter this c the bur s the bur and Me	MEDICAL	214 INJURY OC	OT WHILE	21e PLACE OF	INJURY , FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
TENDIN or use o or use o of Health		sow the de	220. I certify that (1) (this hospital) attended the deceased from									
At DIRECT At DIRECT Set Dept of			above, (i) (we) (did) (did not) view the body offer deoth. 22) STENATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
retained by to FUNERAL should be defined by the Stote		William D. Boyd II, M.D. 22e ADDRESS Leonardtown, Md										
BP	I	BURIAL, CREMATI Surial		236. DATE 3/9/81			metery or crematory ncoln Cem.	234 LOCATION CITY OR TOWN Brent	wood	P.G.	Md.	
DHMH-16 20M (VRA 15, 4) 7/7		funeral directo I. "Clark		ingley	Leona	rdto	wn, Md. MA	R S 198	RAR 256. 960 15	ay feet	Riedy	

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1	1-	FOR STATE REGISTRAR			DICAL EX	STATE OF NT OF HEALT AMINER'S	H AND ME	ENTAL HY		REG. NO	8 5	2	6
20 21 25 12		CEASED NAME E OR PRINT)	TEODO	RA	MIDDLE	N.	AVARRO	3121	OF	ESTI.	March 6	YEAR 1981	26. HOUR 22: M
	3 SEX	male	Indian	5. DATE OF BIRTH MONTH DAY April 4,	YEAR 14	GE (IN YEARS IF LAST BIRTHDAY) MON		HOURS A	HRS. 20 DATE PRONOUI DE AL	NCED	month day	YEAR 181	HOUR 22:
S. RETAIN PAGE 5. FOR SHOULD BE FILED WITHIN A RECORDS, 20 W PREST	7º BI	RTHPLACE (5) REIGN COUNTRY) XAS	ATE OR	U.S.A.	AT COUNTRY?	MAR	RIED NEV	VER MARRIED		t. Mary	COUNTY OF	DEATH	MD.
s' 50		onardto		II. NAME OF HOS (IF NOT IN SUCH FAI St. Mar	PITAL, NURSIN	G HOME, OR OT ADDRESSI pital	HER INSTITUT	I NOI	FOR MOST OF WO House	PATION (TYPE ORKING UEE)	OF WORK 12b. KII	ND OF BU R INDUSTR	
36	USUA 130. S	TATE Md.		e or other institution, Giv NTY ary's	113c CITY OR 1		13d. INSIDE CI	TY LIMITS?	3. STREET ADDR India	ESS Rt.1 n Creek	l, Box 2	96	
80		Loucia	ne	WIDDLE	Pana		San	R'S MAIDEN IRST Itos	NAME	MIDDLE	Pe	LAST na	
VISION	16a. W	es, no, or unkno No		RMED FORCES? /E WAR OR DATES)	457-66		Pam A	Allgood	d	Same a	as 13e.	PPROXIMATÉ	
USED AS A BURIAL - IKANSII TEKMII. PAGES OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL IRIAL, CREMATION, OR REMOVAL.	TATION	gove ris cause (o) lying cau	GNIFICANT CONDITION	DUE TO, OR (c) (c)					1 (a).		20 /	AUTOPSY?	
RIMENT OF R TO BURIA	AL CERTIFICATION		L CAUSE WAS	21b. TIME OF HOUR A.M F DEATH P.M	INJURY MONTH DA	Y YEAR	YSULVI WOR	OCCURRED	LENTER NATURE OF IN	NJURY IN ITEM 18 PA		YES 🗆	NO 🏖
1201 PRIC	MEDICAL	21d. INJURY C		21e PLACE C	OF INJURY (AT ORY, FARM, ETC.)		STREET		CITY OR TO	OWN	COUNTY		STATE
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		22a I certi death resulti ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	NAME 1.3	rge al the remains des tural causes KX	Accident D	, Suicide	TITLE (SI Dep	PECIFY)	Undetermined m	nonner ,	SIGNED	3/7/8	31
AFI BAI	23a.Bl	URIAL, CREMA SPECIFYI BURIAI	TION, REMOVAL	23b. DATE 3/10/81	23c. NAM	Caliver	OR CREMATO	of transfer	23d LOCATION CITY OR JOWN Refugi	0	Refugi	0 T	AJE X.
17 E (5))	-	UNERAL DIREC		ADDRESS		wn, Mary		MAR]	C'D. BY REGISTR	AR 256. REGIS	STRAR'S SIGNAT	TURE	

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91 153 ... Life to the state of the state the ottending physician and corremove carbonpapers. Pages 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physicia

BP.

	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TYPE	E OR PRINT!	MARGA	RET	BLIZABETH	RU	ISSELLO	March 23,	1981		9:15
3. SE	х		4 RACE		5 DATE C		6. AGE IN YEARS LAST BIRT	HDAY} IF UN	DER I YEAR	IF UNDER 24 HI
F	emale		Whit	е	Octo	ber°~25, ~189	4 86	YRS	HS DAYS	HOURS MI
70. B	RTHPLACE ISTATE OR I OUNTRY) EW York			OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
			U.S.		WIDOWE			Magry's		
L	eonardto	ממש	I IF NOT IN	St. Mary	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		ZIII. KIIND OI NDUSTRY	F BUSINESS
13e. S	AL RESIDENCE IN NUI		Mary	SNEW Mar	ket	134 INSIDE CITY LIMITS? YES NO T	13. STREET ADDRESS	Churc	h Ros	a d
	ather's NAME chael		NODIE .	LAST		15 MOTHER'S MAIDEN NAM	ME			
			Pep					esaint	S	
M	WAS DECEASED EVER yes, NO OR UNKNOWN)	R IN U.S. ARA				Michael R.	Longobar		chan:	icsvi
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CATION	gave rise to im couse 101, stati underlying cous	inediate ing the le lost.	DUE TO	, OR AS A CONSEQUE	NCE OF	A Cenelr	INAL DISEASE OR CON	20b. IF YES, WE	RE FINDIN	GS USED
RTIFICATION	gove rise to im couse [0], stati underlying cous: PART 2 OTHER SIG	mediate ing the e lost. GNIFICANT CO	DUE TO	OR AS A CONSEQUE	NCE OF				RE FINDIN	GS USED
CAL CERTIFICATION	gave rise to im couse (a), stati underlying cause	ATION DERLYING CAUSE OF DEAT	DUE TO (c) ONDITIONS 196 CO	OR AS A CONSEQUE	OPERATION		200 AUTOPŠY? YES NO	20h. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to im couse io), stoth underlying cous. PART 2 OTHER SIG. 190, DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MEDI) 21d, INJURY OCCUR.	INTERCANT CO	DUE TO (c) ONDITIONS 19b CO 21b TIM HOUR	OR AS A CONSEQUE CONTRIBUTING TO E DITTON FOR WHICH E OF INJURY A.M. MONTH DA	DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPŠY? YES NO	20). IF YES, WE IN CERTIFYING YES YES 18, PART 1 C	RE FINDING CAUSES	GS USED OF DEATH?
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	gove rise to im couse 10.1, stoft underlying cous: PART 2 OTHER SIG 198, DATE OF OPERA 218, ACCIDENT WAS UN OR CONTRIBUTING (FETHER, NOTHEY MEDI 21d, INJURY OCCUR WHILE NOT WAT WORK AT W. 220.1 certify that (I saw the decessions of the medi	ATION DERLYING CAUSE OF DEAL CALEXAMINER) RED WHILE CORR OR (did) (did not	DUE TO (c) ONDITIONS 196 CO 216 TIM HOUR 216 PLA (AT HOME) view the bo	OCONTRIBUTING TO E CONTRIBUTING TO E CONTRIBUTIN	OPERATION OPERATION AY YEAR 19 ARM, ETC.)	211 LOCATION STREET 19 d that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN 220 ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TOV . to 3 2 3 death occurred on the do	20b. IF YES, WE IN CERTIFYING YES IN ITEM 18, PART 1 CO	OUNTY d from the c	GS USED OF DEATH? NO STATE
WEDICAL WEDICAL	gove rise tD im couse (a), stoft underlying caus: PART 2 OTHER SIG 190, DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING (# EITHER, NOTIFY MED) 211 (MIURY OCCUR WHILE ATW 220.1 certify that (1) sow the decess above (H-me) (2) 220. SIGNATURE	ATION AT	ONDITIONS 19b CO 19b CO 21b TIM HOUR 21e PLA (AT HOME) view the bo	CONTRIBUTING TO E CONTRIBUTING	DEATH BUT OPERATION AY YEAR 19 ARM, ETC.)	211 LOCATION STREET 19 d that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN 220 ADDRESS	200 AUTOPSY? YES NO CENTER NATURE OF INJUI CITY OR TOV 10 3 - 23 death occurred on the do MEDICAL STAL DIRECTOR PHYSIC	20b. IF YES, WE IN CERTIFYING YES IN ITEM 18, PART 1 CO	OUNTY d from the c	GS USED OF DEATH? NO STATE

Leonardtown

Mattingley

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR
NAME
V. Clarke

FIRST TERMS (ALGORITH THE TAIL TO CAME.)

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	1.	FOR STATE REGISTRAR	DEPAI	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0 8	5 2 9
[]RAFE]	I DE	CEASED NAME FIRST OR PRINT)	WIDDLE		AST	20. DATE OF DEATH		
PER MINISTER		CECI	BLIA	SCH	LOSSER	March 18	3, 1981	2:50A M
	3 SE		4 RACE	5 DATE C		& AGE IN YEARS LAST BIRT	MONTHS OA	
director, phours after hours after e.		Female	Caucasian	Jan		66	YRS	TS HOURS MIN
n 72 hou	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Jew Jersev	U.S.A.	MARRIE WIDOWE	DEVERMARRIED DIVORCED	st. Mary	-	MD
e confised of one		r or town of DEATH	11. NAME OF HOSPITAL, NUR JIF NOT IN SUCH FACILITY, GIVE STR St. Mary's Ho	EET ADDRESS)	OR OTHER INSTITUTION	17s USUAL OCCUPATE ITYPE OF WORK FOR MOST OF HOMEMAKET	F WORKING LIFE) INDUST	D OF BUSINESS OR RY
should be to	13a S	AT RESIDENCE HE NURSING HOME OF LITATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS Rt. # 2,	Box 208	
T JED	_	THER'S NAME FIRST Joseph	Laborsky		IS MOTHER'S MAIDEN NAM	MIDDLE	Damic	LAST
on papers. Pages I and emayol event, the medical exg		VAS DECEASED EVER IN U.S. A ES, NO ORUNKNOWN)	RMED FORCES? 166 SOCIAL SE 155-12-		17 INFORMANT Harold F. Sch	apore Rt nlosser Cal	lifornia, M	208 aryland
been signed by the affending rmit. Then please remove corb prior to burial, cremation, or r any injury, or other traumatic	CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERMI		, ,		DINGS USED
Acertalizate has surial-transit per Mental Hygiene printer 18 shows o		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	YES NO	YES 🗌	NO 🗌
After this certil e as the burial- olth and Mental marked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
for us		sow the deceased alive a above, (I) (we) (did) (did n	pital) attended the deceased from $3 \sim 18$ at 19 bit) view the body after death	84.0	d that in (my) (our) opinion o	, to3 = 1.8 death occurred on the do		
NEKAL DIKEC be detached e State Dept TANT: If hem		226. SIGNATURE	DIK Sha	me	PHISICIAN	MEDICAL STAF	F	ATE SIGNED
should be der	5 - 1 and		Shah, M.D.			dtown, Md	20650	
		ourial, cremation, remova Specify) Burial	3-21-81	St. Jo		Hollywood	St. Mary	
AH-16 20M 15, 4) 7/78	24. FI	NAME Brinsfield Fu	59 Noress neral Home Led	Washing onardto	ton St. 250 DATE wn, Md.	R 23 1981	25b. REGISTRAR'S SIGN	NATURE

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No. 1 Andrews No

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FOR

REGISTRAR

24 FUNERAL DIRECTOR

W. Clarke Mattingley

DHMH-16 20M

(VRA 15, 4) 7/78

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Leonardtown, Md.

REG. NO.

2b. HOUR

126. KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

Williams

COUNTY

22c. DATE SIGNED

St. Mary's Md.

250 DATE REC'D. BY REGISTRAR 256. REG. TRAR'S SIGNATURE

STATE

3:00 PM

IF UNDER 24 HRS HOURS

5 00:0 BUTTER CLASS OF BUTTERS Leading the second of the seco The second secon En prostitutional and the state of the Land to the second to the seco

	1-	FOR STATE REGISTRAR		ME	ST/ DEPARTMENT OF DICAL EXAMIN	HEALTI			0	8 8	5 3	4
X	1. DE	CEASED NAME E OR PRINT)	FIRST		ANDREW		HOMAS		ESTI-	arch	5 ₁₉ 81	75 HOUR
DIRECTOR I	and a	ale Bla	ack	5. DATE OF BIRTH MONTH DAY Aug. 21	, 1915 65	EARS IF UI	NDER 1 YR. IF UNDER	MIN. PRONOUN DEAD	Marc	ch 5,	, 1981	24 HOUI
NECESS FUNERA 5 FOR W PRES	Mo	RTHPLACE (STATE OR REIGN COUNTRY) TY OR TOWN OF DE	ATU	U.S.A.	YHAT COUNTRY?	WIDOV	RIED NEVER MARR	St.	Mary s	5		ME
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F AND 3. RETAIL	130. S	TATE	113b COUNT		Lovevill	,	YES NO D		Box 16	51B		
DEATH.	J 160 V	THER'S NAME ONN VAS DECEASED EVE	R IN U.S. ARA	MIDDLE F.	Thomas	TY NO.	Gertruc	AA1	ADDRESS	N	Mills	
S AFI GIVE MITH P	{YI	O DE UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	217-34-6 e far (a), (b), and (c).)		Mary Ann	Thomas	Same	e as	13e.	- INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMA S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PARED TO THE CHEIGHE MEDICAL EXAMINER ALLONG WITH FORE 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT PRAGES IN E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO.	Canditions, if gave rise to cause (a) statin lying cause last	any, which immediate g the <u>under</u>	(b)	Cardiac A R AS A CONSEQUENCE R AS A CONSEQUENCE	OF OF		RT ((o).			Lmmea	
F VITAL RE WORD "PE WORD "PE WORD "PE WE CHIEF N BE USED HE PE MENT OF HE MEN	TIFICATI	19a. DATE OF OPER			ITION FOR WHICH OPE	RATION V	VAS PERFORMED?			20	VES	NO X
TO THE WORLD BARTMEN	MEDICAL CERTIFICATION	216 EXTERNAL CAU UNDERLYING CONTRIBUTING 216 INJURY OCCUP	OR CAUSE OF D	EATH P.A	M. MONTH DAY YEA	R	OW INJURY OCCURRE	D LENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)		
CARE THIS CERTIFIC CARE WRITING THE CARE SHOULD BE SHOULD BE SHOULD BE STATE DEPART ND, 21201 PRIOR	MEC	WHILE AT WORK	WHILE		CTORY, FARM, ETC.)		STREET	CITY OR TOW	VN	COUNTY		STATE
TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDS TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		270 I certily that death resulted fran ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	n: Nature	al causes	Bull	Autar	TITLE (SPECIFY)	n X. Inquiry Undetermined moMEDICAL EXAM nardtown,	nner .	DATE	3-9-	81
BP	Bu	JRIAL, CREMATION, PECKY) Irial		3/9/81	23c. NAME OF CE		norial Ga	23d LOCATION CITY OR TOWN	onardt	own,	St.Ma	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	W	NAME Clarke	Matt	ingley	Leonardt	own,	Md. 250. DATE	REC'D. BY REGISTRAL	256 KAPISTR	y he	A LURE	Md.

Therefore And Annual An Terran Local States of Canal J. medicannel at I keep to the covered at the second at th f. Gromes Gertrude ALL LACE AN HOLE AND HE ARE NOT AND ASSESSMENT OF for the Mayd, a.c. Legans tearn, 12. Herrial 1/9/81 Charles describe er he herriages to the baryan Clares Hatain loy Decembreum, M. 199

1	/	for STATE		PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 1	086	3 5
19	I. DE	REGISTRAR CEASED NAME FIRST	WIDOLE		CATE OF DEATH	REG. NO	ONTH DAY YEAR	2b. HOUR
6 d		OR PRINT)	MADTE					
page 1	3. SE	PEARL	MAR IE	5 DATE O	FRIRTH	March 9,		7:21
		Female	White	Aug	DAY YEAR	70	MONTHS DAYS	
neral de	lo. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY OF St. Mary	COUNTY OF DEATH	
by the time to the		onardtown	11. NAME OF HOSPITAL, IN (IF NOT IN SUCH FACILITY, GIV. St. Mary S	NURSING HOME OF STREET AGORESS) S HOSPIT	ROTHER INSTITUTION	176 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWITE	N 126 KIND	ome
letely filled in d 2 should be inminer mass	USUA 130 S MC	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	n other institution, give residence NTY 13c. CITY O Madde	RTOWN	134 INSIDE CITY LIMITS? YES NO 🔼	Star Rt.	Box 250	
	14 FA		More Nors		15. MOTHER'S MAIDEN NA. FIRST Katheri	MIDDLE	Goldsb	sı novak
	lág V	Henry VAS DECEASED EVER IN U.S. AR				10000		
icion and coers. Pages 10.	(7	es, no or unknown) (IF YES, GIV	E WAR OR DATES) 217-(579-(1 SECURITY NO. 66-1332 03-02281	Kathleen		P.O. Bo allaway,	x 13 Md. 20
equires froit free death co is signed by the attending Then please remove carb to burial, cremation, or a hijury, or other traumatic	7	Conditions, if any, which gave rise to immediate couse (01), stoting the underlying cause last	10/	Chronic I	ung disease	INAL DISEASE OR COND	ITION GIVEN IN PART I	(a)
	Ō		Krmi		en de	years.		
no be now he be now we on we will not be a single wear and we will not be a single we will not be a si	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERMION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES -	
of so		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
g phys errifica riol-troi antol Hy tern 18	1 U i	*** ***********************************	21a PLACE OF INJURY		211. LOCATION	CITY OR TOW	COUNTY	STATE
ortending per this certification of Mentolist ked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITYONTOWN		
TOR. Afteolib	MEDIC	WHILE NOT WHILE AT WORK 27e Certify that (I) (this hasping saw the deceased alive an	ital) attended the deceased	fram 2-1	C~Y1_19	to	, 19	
TOR. Afteolib	MEDIC	WHILE NOT WHILE AT WORK 27e Certify that (I) (this hasping saw the deceased alive an	ital) attended the deceosed	from 2-1	19 19 19 EGREE ATTENDING	to	te and havr and from the	
TOR. Afteolib	MEDIC	WHILE AT WORK NOT WHILE AT WORK 22e I certify that (I) (this hasping sow the deceased alive on above, (I) (we) (did) (did not be seen as a seen a	atal) attended the deceosed at view the body after death.	from 2-1	EGREE ATTENDING PHYSICIAN 22e ADDRESS	. to	te and haur and from the	couses stated
AL DIRECTOR At AL DIRECTOR At detoched for use of the Dept of Health		WILL AT WORK NOT WHILE AT WORK 27e I certify that (I) (this haspe sow the deceased alive an above, (I) (we) (did) (did not be some source) 27d. PHYSICIAN'S NAME (TYPE CONTINUE)	atended the deceosed 3 - 9 - 8 (1) It view the body after death. Breach Boyd, II, M.D.	from 2	EGREE ATTENDING PHYSICIAN 27e ADDRESS Leonardtow	medical staff director Physician, Maryland	te and haur and from the	couses stated
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should be detached for use as the burial-transit permit then please remove carbon popers. Pages I and Z should be filled with the first permit of the major than the State Dept of Headth and Mental Hygiene prior to burial, cremator, or removal. IMPOPTANT, it has all it provided as them 18 should are major to the provided what the major the major the provided as the provided or th

DHMH-16 20M (VRA 15, 4) 7/7B

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEA		REG. NO	D.	8 0	3 0
	CEASED NAME FIRST FOR PRINT)		MIDDLE	i	AST		2ª DATE OF DEATH	MONTH DA	Y YEAR	2h. HOUR
	KITTI		WESCOT	WI	NSLOW		March 20.	1981		5:52A M
3.58		4 RACE		5 DATE C			4. AGE HIN YEARS LAST BIRT		FUNDER I YEAR	
F	emale	White		Nov		YEAR 88	92	YRS.	DAYS DAYS	HOURS MIN
Né	IRTHPLACE (STATE OR FOREIGN OUNTRY) WYORK	U.S.A		WIDOWE		CED 🔲	st. Mary	R COUNTY O	OF DEATH	MD
10 C	Leonardtown	St. N	HOSPITAL, NURSING HEACHTY, GIVE STREET A LARY S H	OSPi		ION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOME Make	F WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
13a		Mary s	Give residence before 13c City or Town Mechani	N		(2)	Rt.3, B	ox 37	9	
14 F/	ATHER'S NAME Daniel	Webster	Wescot		15 MOTHER'S MA FIRST Li	iden nam	WIDDLE	Du	rgen	51
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES?	166 SOCIAL SECUI	RITYNO	17. INFORMANT		ADDRE	SS	N	Maryland
	No	JIVE WAR OR DATES!	122-07-	4211	XX Joan	Wins:	low Rt.1,Bo	x 379	Mechan	icsbille
	18 CAUSE OF DEATH (Enter PART DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	SED BY: IATE CAUSE (0) DUE TO, O	_	NCE OF	Aplastic	Anemi	a		BETWEEN	CMATE INTERVAL ONSET AND DEATH
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER				200 AUTOPSY? 200. IF YES, WERE FINDING YES NO YES YES			NGS USED
ER	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR			
AL	OR CONTRIBUTING CAUSE OF									
MEDIC	(# EITHER, NOTIFY MEDICAL EXAMIN 216 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	P.M. 19 PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, FARM, ETC.)		211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	22a I certify that (I) (this had sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE	on Mar	ch 20 19 8	. or	rch 12 10 and that in (my) (our DEGREE	opinion d	eoth occurred on the de	ote and hour		that (I) (we) lost couses stated SIGNED
***	224 PHYSICIAN'S NAME ITYP	who	m.		ATTE	NDING SICIAN	MEDICAL STAF DIRECTOR PHYSIC		3/	20/81.
	William	D. Boyd	II, M.D.		Le		town, Md			
Cr	BURIAL, CREMATION, REMOV SPECIFY) 'Emation	3/23/8		dar H	EMETERY OR CREA		236 LOCATION CITY OR TOWN XXX Suitl	and, F		
24 F	uneral director Clarke Matting	gley Leon	ardtown, M	laryla	and	MAI	REC'D. BY REGISTRAR R 2 6 1981	25b. REGISTR.	tres signat	Creedy

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